

The University of Akron
Responsible Officer/Alternate Responsible Officer Report

(For J-1 visa holders transferring their DS-2019 from current U.S. Institution to the University of Akron)

SECTION 1. Personal Information *(To be completed by the J-1 Visa Holder)*

Name (Last, First, Middle)

Date of Birth (MM/DD/YYYY)

UA ID# (if known)

Current Mailing Address

Local Phone Number

E-mail Address

Current U.S. Institution

Authorization: ***I authorize my current institution to verify the above information and provide the information requested in Part 2***

Signature

SECTION 2: RO/ARO Report

J-1 Category: _____

To your knowledge, has the J-1 Visa Holder been maintaining lawful status:

Yes No

To your knowledge, is the J-1 Visa Holder subject to the two-year home-stay requirement?

Yes No

Please list any periods of the Academic Training: _____

8. Additional Comments: _____

RO/ARO's Signature

Name & Title

Date

Institution Name

Address

Phone Number

E-mail address